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ATTORNEY'S DOCKET NO.: C1040.70006US00
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): McCluskie et al.
Serial No.: 09/316,199
Conf. No.: 7506
Filed: May 21, 1999
For: METHODS AND PRODUCTS FOR INDUCING MUCOSAL IMMUNITY
Examiner: D. Nguyen
Art Unit: 1632

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to Office of Initial Patent Examination's Filing Receipt Corrections, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 20th day of August, 2004.


Nancy McCarthy

Office of Initial Patent Examination's
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REQUEST FOR CORRECTION OF FILING RECEIPT

Sir:

Please make the following corrections as indicated in red on the attached copy of the Filing Receipt:


Please add the Domestic Priority Data as follows:

-- This application claims benefit of 60/086,393 filed, May 22, 1998 --

This priority information was previously provided in the earlier filed Declaration for Patent Application.

Please add the information as listed above and as indicated in red on the enclosed copy of the Filing Receipt. Applicant respectfully requests that this correction be made and a corrected Filing Receipt be issued. If you have any questions, please do not hesitate to call the undersigned at (617) 646-8000.

Respectfully submitted,
McCluskie et al., Applicants

By: 
Maria A. Trevisan, Reg. No. 48,207
Wolf, Greenfield & Sacks, P.C.
600 Atlantic Avenue
Boston, Massachusetts 02210-2211
Telephone: (617) 646-8000

Docket No. C1040.70006US00
Date: August 20, 2004
xNDDx

FILING RECEIPT

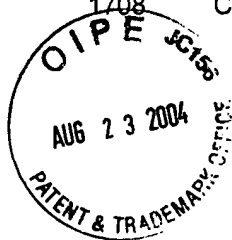


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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/316,199	05/21/1999	1614	1708	C1040/7006HC	13	124	12

HELEN C LOCKHART
WOLF GREENFIELD & SACKS PC
600 ATLANTIC AVENUE
BOSTON, MA 02210

Date Mailed: 03/09/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

Michael J McCluskie, ottawa, CANADA ;
Heather L Davis, Ottawa, CANADA ;

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05/14/00
(3)
03/20/00

Continuing Data as Claimed by Applicant

-- Claims benefit of 60/086,393

Foreign Applications filed, May 22, 1998 --

Foreign filing license granted on 09/22/1999

Title

METHODS AND PRODUCTS FOR INDUCING MUCOSAL IMMUNITY

Preliminary Class

514

Data entry by : WASHINGTON, KAREN

Team : OIPE

Date: 03/09/2000



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Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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PLEASE NOTE the following information about the Filing Receipt:

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- The words "new," "improved," "improvements in" or "relating to" are not included as first words in the title of an application because a patent application, by nature, is a new idea or improvement.
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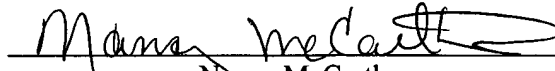


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Nancy McCarthy

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Filing Receipt Corrections
Commissioner for Patents
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Sir:


Transmitted herewith are the following documents:

- ☒ Request for Corrected Filing Receipt
- ☒ Copy of filing receipt with correction in red
- ☒ Return Receipt Postcard

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 720-3500, Boston, Massachusetts.

No fee is enclosed. If a fee is necessary, the Commissioner is hereby authorized to charge Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,
McCluskie et al., Applicants

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